1: Longrigg G-4, 5 (ca. 1915-1940) MH1 Iraq MH1

latter, which had their following of enthusiasts, were hampered by lack of playing fields and of funds and, perhaps, by some survival of conservative apathy. Sport,[1] in fact, non-existent in 'Iraq two generations earlier save for tribal games and wrestling, was still far from taking, even among the young, the leading place in popular interest which it occupied in Europe and America. Horse-racing—as elsewhere, half sport and half business—was well supported; it was regulated by law, adopted modern totalizator arrangements, stands and amenities, and was organized by two companies. Of these, successors of a series of Racing Clubs and Companies from 1918 onwards, one maintained a course in the New Baghdad suburb, the other on the royal estate now under development. Hunting and polo were the amusements of a small coterie of Army officers and the rich, under the Regent's patronage.

The immense increase in mobility and travel for all but the poorest had had strong social and psychological effects in modifying the old parochialism and encouraging wider interests. The same is true of the visits paid annually by thousands of the well-to-do to Turkey or Syria, the Lebanon, or Europe; these, as areas of escape from summer heat, were increasingly preferred to the 'Iraqi hill-stations[2] in Kurdistan which offered only coolness and scenery in austere conditions. An expenditure exceeding ID 2,500,000 on summer resorts and rest-houses formed in 1951 part of the six-year plan of the Development Board.

Although illiteracy and deep ignorance were still widespread in the towns and vastly predominant in the tribes, yet two world upheavals, fifty years of immensely increased Western contacts, easy travel and communication, conspicuous material development, an abundant press, broadcasting, greatly multiplied schools, and local and national politics had done much to modify the old isolation of the lives and minds of the poor, and had increased incomparably, among the literate classes, their knowledge of the world and the times. Such knowledge, too often superficial and distorted, was nevertheless a world away from that of the 'Iraqi effendi of 1900 both in content and in the extent of the social range of those affected. Disinterested higher learning was still rare and, theology apart, was confined to a bare dozen students of local history or

[1] Games played were football, basketball, volley-ball, badminton, boxing, athletics, wrestling, weight-lifting, table-tennis, darts, and chess. For the first two of these, various, including national, leagues and championships were organized. 'Iraqi skill at their chosen sports was excellent.

[2] These, dating from the late thirties, were Ṣalaḥ al-Din (formerly Pirmam) with a large hotel and private houses for hire; Shaqlawa and Ḥajj 'Umran with small hotels; and Sursink, with a medium hotel and a royal lodge which made it the most fashionable. All were accessible by passable roads.

7: International Bank N, S-4 (1951) 1952 MH1 Iraq MH1

congested living conditions combined with a coarse and monotonous diet.

In common with many other countries, there has been a drift to the towns, and unsanitary slums have formed on the outskirts of some cities. Steps should be taken to improve the living conditions of these slum dwellers. So far sewers and sewage disposal are generally lacking in the cities and towns. Baghdad has septic tanks and cesspools, but there are still some open drains; most of the larger towns have similar systems of sewage disposal but conditions in the smaller towns and villages are still very primitive. The disposal of household refuse and the cleaning of streets are generally well carried out in the bigger cities but not in most towns and villages.

Constant pilgrimage traffic creates another problem in public health. The holy shrines of the Shia sect of Moslems are in Iraq and a large number of Iraqis are members of this sect. There is a continuous stream of travelers through the country, including both Iraqis and foreigners, mostly Iranians, visiting the holy shrines, and Iraqi and foreign pilgrims on their way to Mecca. All this traffic exposes Iraq to the dangers of imported epidemic disease and stringent quarantine regulations have been enacted. But the land frontier with Iran is so long that it is quite certain many incoming pilgrims never are subjected to any control measures. This means that Iraq needs internal preventive services of the highest possible standard. Currently, all pilgrims leaving Iraq for Mecca are vaccinated against smallpox and inoculated against cholera.

The need for greater emphasis on preventive measures stands out clearly in even a brief analysis of the most debilitating diseases and their causes.

Intestinal Disorders

Ankylostomiasis (hookworm disease) in itself produces anemia. Many patients are so weak by the time they reach a hospital that they require lengthy treatment. It thrives in an unsanitary environment characterized by inadequate sewage disposal, open drains, and lack of proper latrines. Incomplete surveys indicate that it is most prevalent in the South.

164 parently of primary importance in all parts of the country, particularly in the lower delta region. Local authorities estimate that 25 to 35 per cent of the inhabitants in Baghdad harbor cysts of *Endamoeba histolytica*, while in Basra the carrier rate probably approximates 60 to 70 per cent. Liver abscesses are frequently encountered.

The actual distribution of bacillary infections is unknown, since the proportion of cases treated by medical officers is unduly small, and few facilities for confirmatory diagnosis are available. According to the official statistics for 1944 through 1949, from 17,000 to 30,000 cases of amebic dysentery and from 180 to 1,100 cases of bacillary dysentery were reported each year. Correspondingly, an analysis of the cases treated annually in the hospitals and the dispensaries of the Iraq Petroleum Company in the Kirkuk oil field and pipeline areas, in the 4 years 1946-50, shows that from 478 to 1,603 were amebic infections and from 58 to 175 bacillary. The Flexner group predominates among the *Shigella* strains isolated in dysentery cases at the Royal Hospital in Baghdad, but Sonne, Schmitz and Shiga types are also numerous.

136 The abundance of flies and the insanitary
515 habits of the people favor the spread of
164 intestinal infections. Diarrhea and enteritis
165 are major causes of illness and death, especially in early childhood. Giardiasis is common. Outbreaks of food poisoning, undoubtedly caused by various strains of *Salmonella*, are frequent.

164 Cholera. Epidemics of cholera were for-
484 merly recurrent in the border districts and along the trade routes from India and the East. Although some authorities believe that an endemic focus may have existed in the Shatt al Arab region in the past, most epidemics have resulted from the introduction of the disease by way of traffic through the Persian Gulf ports or by overland travel through Iran, often in connection with pilgrimages to Mecca or local Shia shrines.

164 Within recent decades extensive outbreaks, each totaling from 1,500 to 2,500 cases,

were reported in 1923, 1927 and 1931. Since 1931, cholera has been almost completely absent from the country, although one imported case was recorded in 1939, when the disease was epidemic in Afghanistan and Iran.

Strict quarantine regulations are enforced, and travelers from India, Pakistan and Ceylon, as well as pilgrims from Mecca, without valid certificates of immunization against cholera are retained in quarantine centers for a period of 7 days. Mass immunization with cholera vaccine is carried on among the populations in the border provinces whenever epidemics are reported from the adjacent territories. At the time of the recent epidemic in Egypt, in 1947, immunization was compulsory for all travelers entering the country and for the inhabitants of towns and villages along the Syrian frontier.

Helminthiases. SCHISTOSOMIASIS. Schistosomiasis, caused by *Schistosoma haematobium*, has probably been present in the lower Tigris and Euphrates river basins since ancient times. It is highly endemic in the southern and the central provinces, where the intermediate snail host, *Bulinus truncatus*, is found in widespread but often localized foci. The disease is prevalent among the children and among the agricultural and other laborers who work in infested waters, particularly the men and the boys, who are exposed to infection to a greater extent than the women. It reaches maximum proportions between 10 and 20 years of age, but is usually negligible in early childhood. Transmission is seasonal: it takes place from May to the end of November, but primarily between June and October, when infected snails are most abundant. The insanitary customs of the inhabitants, associated with the frequent use of the canals for religious ablutions and the severe summer heat which is conducive to bathing in any convenient body of water, are contributory factors. The infection rates average 18 to 25 per cent in the irrigated districts of the delta, but vary from zero

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THE INFECTION IS FREQUENTLY INTRODUCED BY means of the pilgrimage traffic or tribal migrations from the neighboring territories, and is believed to smolder continuously in the northeastern mountain districts. Cases are usually observed during the winter and the spring months, with the maximum incidence in March and April. Serious outbreaks, with a total of over 1,300 known cases, were reported in 1942-43 in conjunction with epidemics prevailing throughout the entire Middle East. The actual prevalence was probably several times the official estimates. The greatest numbers of cases were noted in Baghdad, and in Basra, Mosul, Diyala and Sulaimaniya *liwas*, along the main routes from Iran. The congestion and the shortage of food, clothing, soaps and other supplies existing in that area as the result of military operations during World War II favored the spread of the infection among the louse-infested populations. About 800 cases of typhus were reported in 1944, but the annual incidence subsequently declined to a low of 72 cases in 1949. No differentiation is made as to type, and the recorded cases include both louse-borne and flea-borne infections. On the basis of laboratory investigations, authorities at the Royal Hospital in Baghdad suggest that many outbreaks in the north, where louse-borne typhus is supposedly endemic, are caused by strains which are serologically intermediate between *Rickettsia prowazeki* and *R. mooseri*. [136]

Murine typhus is endemic, and probably predominates in the rural areas in the absence of a large-scale epidemic. Tick-borne infections are not specifically reported, and are undoubtedly rare. In the event of a typhus outbreak, control measures, including the use of DDT preparations and mass immunization of the inhabitants with antityphus vaccines, are carried on in the affected communities by the government health authorities.

Plague. Epidemics of plague were frequent in the past, particularly in the region around Baghdad, but the disease has been almost completely absent within recent YEARS.

only 1 case, in which the diagnosis was confirmed by laboratory examination, had been recorded. Potential sandfly vectors of kala-azar are apparently absent in the southern and the central provinces, but they may exist in the northern highlands. 164 369

Other Infections. Sandfly fever is endemic, and, in the delta region, reaches epidemic proportions every few years. From 842 to 4,688 cases were recorded annually in 1944-49. The sandfly vector, *Phlebotomus papatasii*, is widely distributed. The season of transmission usually extends from May to November, with a peak in June or July. Outbreaks of dengue fever are sporadic in the south. 164

Cases of elephantiasis of undetermined origin are occasionally encountered, but *Wuchereria bancrofti* is not known to be present. Guinea worm infections are sometimes seen in pilgrims from southern Iran, but no indigenous cases have been recorded. [484]

Nutritional Diseases

Undernutrition, anemia and avitaminosis are prevalent, especially among the wage-earning classes in the cities and the impoverished peasants of the south. Clinical manifestations of vitamin A and vitamin C deficiencies are widespread. In general, serious nutritional diseases tend to be more or less localized in distribution, depending upon the dietary habits and the standards of living of the people. Rickets is common, and from 100 to 2,387 cases were treated annually in the government institutions in 1944-49. Cases of scurvy and of osteomalacia are numerous. Beriberi and pellagra are sporadic, but minor symptoms of riboflavin deficiency are frequently observed. Protein edema is rare. A form of cirrhosis of the liver is encountered in which malnutrition is believed by some authorities to be a contributory factor. 146 511 361

Miscellaneous Conditions

Infectious hepatitis is endemic, and large-scale epidemics are reported occasionally. Encephalitis lethargica is sporadic. 114